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## FACSIMILE TRANSMISSION

Total # of Pages : 92 (including this page)

| TO:   | PHONE #:     | FAX #:       |
|---|--------------|--------------|
| Examiner Konata M. George<br>U.S. Patent and Trademark Office | 571-272-0613 | 571-273-8300 |

From : Christine Arthur for Michele M. Simkin

Date : August 29, 2007

Client/Matter No : 029318-0988

Application No : 10/692.855

### MESSAGE:

Dear Examiner George:

Attached please find a courtesy copy of the response as filed today for the above-referenced application.

Best regards,  
Christine Arthur

If there are any problems with this transmission or if you have not received all of the pages, please call . 202-672-5300

|           |            |   |
|-----------|------------|---|
| Operator: | Time Sent: | Return Original To:<br>Christine Arthur |
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Atty. Dkt. No. 029318-0988

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tuula RYDE et al.  
 Title: METHOD OF TREATMENT USING  
 NANOPARTICULATE FIBRATE  
 FORMULATIONS  
 Appl. No.: 10/692,855  
 Filing Date: 10/27/2003  
 Examiner: Konata M. George  
 Art Unit: 1616  
 Confirmation Number: 9261

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**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

☐ Assertion of Small Entity status is enclosed.

☒ The fee required for additional claims is calculated below:

|               | Claims<br>As<br>Amended | Previously<br>Paid For | Extra<br>Claims<br>Present | Rate      | Additional<br>Claims Fee |
|---------------|-------------------------|------------------------|----------------------------|-----------|--------------------------|
| Total Claims: | 397                     | - 165                  | = 232                      | x \$50.00 | = \$11600.00             |

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AUG 29 2007

Atty. Dkt. No. 029318-0988

|  |   |   |   |   |   |   |          |   |            |
|--|---|---|---|---|---|---|----------|---|------------|
| Independent Claims:                                  | 6 | - | 3 | = | 3 | x | \$200.00 | = | \$600.00   |
| First presentation of any Multiple Dependent Claims: |   |   |   |   |   | + | \$360.00 | = | \$0.00     |
| CLAIMS FEE TOTAL                                     |   |   |   |   |   |   |          | = | \$12200.00 |

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

|   |            |            |
|---|------------|------------|
| <input type="checkbox"/> Extension for response filed within the first month:         | \$120.00   | \$0.00     |
| <input type="checkbox"/> Extension for response filed within the second month:        | \$450.00   | \$0.00     |
| <input type="checkbox"/> Extension for response filed within the third month:         | \$1,020.00 | \$0.00     |
| <input type="checkbox"/> Extension for response filed within the fourth month:        | \$1,590.00 | \$0.00     |
| <input type="checkbox"/> Extension for response filed within the fifth month:         | \$2,160.00 | \$0.00     |
| EXTENSION FEE TOTAL:  |            | \$0.00     |
| <input checked="" type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d): | \$130.00   | \$130.00   |
| CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:   |            | \$12330.00 |
| <input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):             |            | \$0.00     |
| Extension Fees Previously Paid:   |            | \$0.00     |
| TOTAL FEE:  |            | \$12330.00 |

A credit card payment form in the amount of \$12330.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Atty. Dkt. No. 029318-0988

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date August 29, 2007

By

[Signature] 35,087 for

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Facsimile: (202) 672-5399

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